

# JEFFERSON RADIOLOGY

**Avon**

100  
Simsbury  
Road

**Enfield**

137  
Hazard  
Avenue

**Glastonbury**

704  
Hebron  
Avenue

**Hartford**

85  
Seymour  
Street

**West****Hartford**

941  
Farmington  
Avenue

**Wethersfield**

1260  
Silas Deane  
Highway

June 2, 2006

The Honorable Cristine A. Vogel  
Commissioner of the Office of Health Care Access  
410 Capitol Avenue,  
MS #13HCA  
P. O. Box 34038  
Hartford, CT 06134-0308

RECEIVED  
2006 JUN -7 PM 12:04  
CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

**Re: Form 2020 – CON Determination Form**

Dear Commissioner Vogel:

Jefferson Radiology and Marc B. d'Avignon, M. D., P. C. are jointly filing an original and five copies of the CON Determination Form 2020 with regard to a proposed purchase by Jefferson of the fixed assets of Marc B. d'Avignon, M. D., P. C. The fixed assets include a CT Scanner and an MRI unit and the petitioners are asking for a letter of determination since the ownership of this equipment will change.

Note that nothing except ownership will change. The patients, area served, and location of the equipment will remain the same. It is proposed that the practices be merged and that Dr. d'Avignon becomes an employee of Jefferson Radiology. The total capital cost of this proposed purchase is \$465,000.

Currently, Marc B. d'Avignon M. D., P. C. has two Letters of Intent pending with the Office of Health Care Access regarding replacement of the CT Scanner and MRI. These Letters of Intent are on extension until June 27, 2006. Jefferson Radiology and Dr. d'Avignon are proposing that should OHCA determine that no Certificate of Need is required for the resulting change in ownership of the CT and MRI, the Letters of Intent would be withdrawn. If new imaging equipment in the nature of CT or MRI units are required later, new Letter of Intent would be submitted by Jefferson Radiology.

The joint petitioners respectfully request that the Office of Health Care Access consider this proposal promptly in consideration of the current deadlines facing Dr. d'Avignon.

If we can be of any assistance in answering your questions, please let us know and we will respond as quickly as possible.

Sincerely,



Mark S. Grossman  
Chief Executive Officer

Cc: Marc B. d'Avignon, M. D.  
Attachments



**State of Connecticut  
Office of Health Care Access  
CON Determination Form  
Form 2020**

RECEIVED  
2006 JUN -7 PM 12:04  
CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

All persons who are requesting a determination as to whether a CON is required for a proposed project must complete this form. Completed forms should be submitted to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

**SECTION I. PETITIONER INFORMATION**

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	Jefferson Radiology, P. C.	Marc B. d'Avignon, M. D., P. C.
Doing Business As	same	Westwood Imaging Center
Name of Parent Corporation	n/a	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	111 Founders Plaza - Suite 400 East Hartford, CT 06108	P. Box Box 787- 40 Dale Rd Avon, CT 06001
Petitioner type (e.g., P for profit and NP for Not for Profit)	For-Profit Professional Corporation	For-Profit Professional Corporation
Name of Contact person, including title	Mark S. Grossman Chief Executive Officer	Marc B. d'Avignon President
Contact person's street mailing address	111 Founders Plaza - Suite 400 East Hartford, CT 06108	40 Dale Road Avon, CT 06001
Contact person's phone, fax and e-mail address	(860) 291-6500 mgrossman@jeffersonradiology.com	(860) 677-1500 xray1993@aol.com

**SECTION II. GENERAL PROPOSAL INFORMATION**

- a. Proposal/Project Title: Proposed Purchase of Fixed Assets of  
Marc B. d'Avignon, M. D., P. C.

- b. Location of proposal (Town including street address):  
40 Dale Road, Avon, CT and 23B Arts Center Court, Avon, CT

- c. List all the municipalities this project is intended to serve:  
Avon, Burlington, Canton, Farmington, Granby, New Hartford, Simsbury, Torrington  
and West Hartford

- d. Estimated starting date for the project:  
July 2006

- e. Type of Entity: (Please check *E* for Existing and *P* for Proposed in all the boxes that apply)

<input type="checkbox"/> <i>E</i>	<input type="checkbox"/> <i>P</i>	<input type="checkbox"/> <i>E</i>	<input type="checkbox"/> <i>P</i>	<input type="checkbox"/> <i>E</i>	<input type="checkbox"/> <i>P</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute Care Hospital		Imaging Center		Cancer Center	
Behavioral Health Provider		Ambulatory Surgery Center		Primary Care Clinic	
Hospital Affiliate		Other specify): Radiology Practice Location			

**SECTION III. EXPENDITURE INFORMATION**

- a. Estimated Total Capital Expenditure/Cost:
- b. Please provide the following breakdown as appropriate: (may not represent the aggregate shown above)

New Construction/Renovations	
Medical Equipment (Purchase)	\$465,000
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
<b>Total Capital Expenditure</b>	<del>\$0.00</del> 465,000
Fair Market Value of Leased Equipment	

<b>Total Capital Cost</b>	<del>\$0.00</del> 465,000
---------------------------	---------------------------

**Major Medical and/or imaging equipment acquisition:**

Equipment Type	Name	Model	Number of Units	Cost per unit
various				various

Note: Provide copy of contract with vendor for medical equipment.

c. Type of financing or funding source:

- ☒ Operating Funds
 ☐ Lease Financing
 ☐ Conventional Loan  
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding  
☐ Funded Depreciation
 ☐ Other (specify):

**SECTION IV. PROPOSAL DESCRIPTION** · SEE ATTACHED

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

- Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
- What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
- Will you be charging a facility fee?
- Who is the current population served and who is the target population to be served?
- Who will be providing the service?
- Who are the payers of this service?

RECEIVED  
 2006 JUN -7 PM 12:05  
 CONNECTICUT OFFICE OF  
 HEALTH CARE ACCESS

**SECTION V. AFFIDAVIT**

Applicant: Jefferson Radiology, P.C.

Project Title: Proposed Purchase of Fixed Assets  
of Marc B. d'Avignon, M.D.P.C.

I, MARK S. GROSSMAN, CEO  
(Name) (Position – CEO or CFO)

of Jefferson Radiology, P.C. being duly sworn, depose and state that the  
information provided in this CON Determination form is true and accurate to the best of my  
knowledge, and that Jefferson Radiology complies with the appropriate  
(Facility Name)

and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-  
486 and/or 4-181 of the Connecticut General Statutes.

Mark S. Grossman  
Signature

6/5/06  
Date

Subscribed and sworn to before me on June 5, 2006

Barbara B. Peracchio  
Notary Public/Commissioner of Superior Court

My commission expires:



Barbara B. Peracchio  
Notary Public, State of CT  
My Commission Expires:  
June 30, 2010

SECTION V. AFFIDAVIT

Applicant: Marc B. d'Avignon, M.D.P.C.

Project Title: Proposed Purchase of Fixed Assets  
of Marc B. d'Avignon, M.D.P.C.

I, Marc B. d'Avignon, President  
(Name) (Position – CEO or CFO)

of Marc B. d'Avignon, MD, P.C. being duly sworn, depose and state that the  
information provided in this CON Determination form is true and accurate to the best of my  
knowledge, and that Marc B. d'Avignon MD, P.C. complies with the appropriate  
(Facility Name)

and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-  
486 and/or 4-181 of the Connecticut General Statutes.

Marc B. d'Avignon  
Signature

06/05/06  
Date

Subscribed and sworn to before me on June 5, 2006

Barbara B. Peracchio  
Notary Public/Commissioner of Superior Court

My commission expires: \_\_\_\_\_



Barbara B. Peracchio  
Notary Public, State of CT  
My Commission Expires:  
June 30, 2010

## PROJECT DESCRIPTION

### SECTION IV.

#### CON DETERMINATION FORM – FORM 2020

This matter involves the merger of two radiology groups, both of which have offices in Avon. As part of that merger, Jefferson Radiology, P.C. (“Jefferson”) would purchase a CT scanner and an MRI unit from Dr. Marc B. d’Avignon. We are asking for a Determination Letter in this instance because nothing will change except the name of the owner. The patients will be the same, the location of the equipment will be the same, and the area served will be the same. The only difference is that Dr. d’Avignon will become an employee of Jefferson. There will be no change in the patient needs being served.

To give you more detail, Jefferson is a group of 38 radiologists, offering sub-specialized diagnostic interventional imaging services. All of the physicians in Jefferson Radiology are licensed in the State of Connecticut and are Board Certified. They are committed to delivering high quality radiology services. Jefferson Radiology (formerly Jefferson X-Ray Group) was established in 1963.

Marc B. d’Avignon, M. D. is licensed as a Physician and Surgeon in the State of Connecticut and is Board Certified in Diagnostic Radiology with Special Competence in Nuclear Radiology by the American Board of Radiology. Dr. d’Avignon is the sole owner of Marc B. d’Avignon, M. D., P. C., which operates at 40 Dale Road, Avon under the informal name of Westwood Imaging Center. This office provides general x-ray, nuclear medicine, ultrasound, CT Scan, mammography and Bone densitometry services. Marc B. d’Avignon, M. D., P. C. in turn is the sole owner of Farmington Valley MRI, LLC, 23B Arts Center Court in the Town of Avon. This office provides MRI services exclusively. Both of these offices serve the Towns of Avon, Burlington, Canton, Farmington, Granby, New Hartford, Simsbury, Torrington and West Hartford. (We will refer to these offices collectively as “Dr. d’Avignon’s offices.”)

Jefferson is proposing to purchase the fixed assets of Dr. d’Avignon’s offices for a purchase price of \$465,000. Dr. d’Avignon would then become an employee of Jefferson. Jefferson would continue to operate the two offices for period of time and has not yet determined its future plans.

The fixed assets of Dr. d’Avignon include a GE Helical High Speed Dxi CT and a GE 0.5T MRI. The CT Scanner was purchased in 1999 for under the \$400,000 threshold and did not require a CON. The MRI was installed 2001, was also under the \$400,000 and did not require a CON (Letter of Intent 00-Z1).

## PROJECT DESCRIPTION

### SECTION IV.

#### CON DETERMINATION FORM – FORM 2020

##### Page Two

In 2005, Dr. d'Avignon's offices performed 15,393 radiology procedures, broken down as follows:

General X-Ray	7,156
Nuclear Medicine	320
Ultrasound	1,997
CT Scan	1,141
Mammography	2,783
Bone Density	938
MRI	1,059

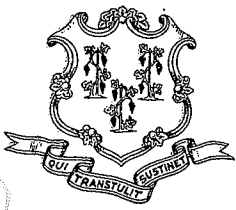
It is anticipated that with Dr. d'Avignon's continued presence in the Avon offices (but as a part of Jefferson Radiology); this volume will remain approximately the same. As mentioned above, nothing changes except the actual title owner of the CT and MRI.

There will not be a "new" service in the ordinary sense. Dr. d'Avignon will continue providing CT and MRI imaging services, but now as part of Jefferson Radiology. The payors of the services will continue to be the same – Medicare/Medicaid, HMO/third party providers' licenses in Connecticut including Anthem BC/BS, Aetna, ConnectiCare, Cigna, Oxford and many others. Over the long term, integration of Dr. d'Avignon's practice with Jefferson will mean improved access to subspecialty radiology services offered by Jefferson.

Marc B. d'Avignon M. D., P. C. has two Letters of Intent pending with the Office of Health Care Access regarding replacement of the CT Scanner and MRI. These Letters of Intent are currently on extension until June 27, 2006. Jefferson Radiology and Dr. d'Avignon are proposing that, should OHCA determine that no Certificate of Need is required for merger and resulting change in ownership of the CT and MRI, the Letters of Intent will be withdrawn. If new imaging equipment in the nature of CT or MRI units is required later, a new Letter of Intent would be submitted by Jefferson Radiology.

The joint petitioners respectfully request that the Office of Health Care Access consider this proposal promptly consideration of the current deadlines facing Dr. d'Avignon.





M. JODI RELL  
GOVERNOR

STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL  
COMMISSIONER

June 9, 2006

Mark S. Grossman  
Chief Executive Officer  
Jefferson Radiology, P.C.  
111 Founders Plaza  
Suite 400  
East Hartford, CT 06108

Re: Certificate of Need Determination, Report Number 06-30762-DTR  
Jefferson Radiology, P.C. and Marc B. d'Avignon, M.D., P.C. d/b/a Westwood  
Imaging Center and Farmington Valley MRI, LLC  
Acquisition of an MRI Unit and a CT Scanner

Dear Mr. Grossman:

On June 7, 2006, the Office of Health Care Access ("OHCA") received a Certificate of Need Determination request regarding the proposal of Jefferson Radiology, P.C. and Marc B. d'Avignon, M.D. P.C. d/b/a Westwood Imaging Center and Farmington Valley MRI, LLC (together referred herein as "Petitioners") for the acquisition of an MRI unit and a CT scanner in Avon.

Please be advised that OHCA has reviewed the information contained in your request and makes the following findings:

1. Jefferson Radiology, P.C. is a for-profit corporation with imaging centers located in the towns of Avon, Enfield, Glastonbury, Hartford, West Hartford and Wethersfield in Connecticut.
2. Marc B. d'Avignon, M.D. P.C. is a for-profit corporation with offices located at 40 Dale Road and 23B Arts Center Court in Avon, Connecticut.

*An Equal Opportunity Employer*

410 Capitol Avenue, MS #13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308

Telephone: (860) 418-7001 • Toll free (800) 797-9688

Fax: (860) 418-7053

3. Marc B. d'Avignon, M.D. P.C. currently offers the following services at its two office locations in Avon:

**Table 1: Services by Location**

Westwood Imaging Center (40 Dale Road)	General x-ray, nuclear medicine, ultrasound, CT scanning, mammography and Bone densitometry
Farmington Valley MRI, LLC (23B Arts Center Court)	MRI services exclusively

4. The Petitioners propose the following:
- Marc B. d'Avignon, M.D. P.C. sell the two office locations, 40 Dale Road and 23B Arts Center Court in Avon and its medical imaging equipment to Jefferson Radiology, P.C.; and
  - Jefferson Radiology, P.C. to purchase the two offices of Marc B. d'Avignon in Avon and purchase all of the assets including an MRI unit (a GE 0.5 Tesla) and CT scanner (a GE Helical High Speed Dxi).
5. After the proposed purchase of offices and assets, Dr. Marc B. d'Avignon will become an employee of Jefferson Radiology, P.C.
6. The proposed total expenditure for the purchase of offices and assets which include the MRI unit and the CT scanner is \$465,000.
7. Jefferson Radiology, P.C. proposes to fund this proposal through equity and specifically operating funds.
8. Public Act 05-93 of the Connecticut General Statutes, requires CON authorization for the acquisition of a CT scanner or an MRI scanner regardless of cost.

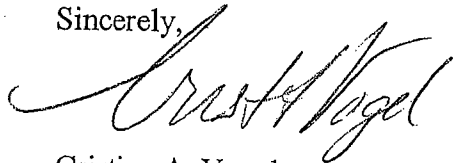
Based on the above findings, OHCA determines that the proposal of Jefferson Radiology, P.C. and Marc B. d'Avignon, M.D. P.C. to acquire the MRI unit and the CT scanner as part of the purchase of Marc B. d'Avignon's two office locations in Avon and its assets at a total capital expenditure of \$465,000, requires Certificate of Need ("CON") approval from OHCA pursuant to Public Act 05-93 of the Connecticut General Statutes.

The Petitioners also requested the LOI's filed by Marc B. d'Avignon, M.D. P.C. under Docket Numbers: 06-30676 and 06-30677 be withdrawn as a result of this petition. OHCA. As a result of this CON Determination, OHCA considers LOI's filed under Docket Numbers: 06-30676 and 06-30677 withdrawn.

OHCA considers the submission of information received on June 7, 2006, as the Letter of Intent ("LOI") for this matter; therefore, the Petitioners may file a completed CON application with OHCA between August 6, 2006, and October 5, 2006. The CON application is being mailed to your attention separately.

If you have any questions concerning this letter, please contact Steven W. Lazarus, Associate Health Care Analyst, at OHCA at (860) 418-7001.

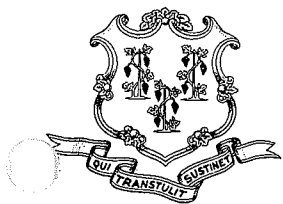
Sincerely,



Cristine A. Vogel  
Commissioner

cc: Rose McLellan, DHSR, DPH

CAV:swl



M. JODI RELL  
GOVERNOR

STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL  
COMMISSIONER

June 21, 2006

Mark Grossman  
Chief Executive Officer  
Jefferson Radiology, P.C.  
111 Founders Plaza-Suite 400  
East Hartford, CT 06108

Re: Letter of Intent, Docket Number 06-30762  
Jefferson Radiology, P.C.  
Acquisition of an MRI unit and a CT scanner  
Notice of Letter of Intent

Dear Mr. Grossman:

On June 7, 2006, the Office of Health Care Access ("OHCA") received the Letter of Intent ("LOI") Form of Jefferson Radiology, P.C. ("Applicant") for the acquisition of an MRI unit and a CT scanner, at a total capital expenditure of \$465,000.

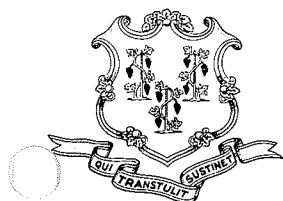
A notice to the public regarding OHCA's receipt of a LOI was published in *The Hartford Courant* pursuant to Sections 19a-639 of the Connecticut General Statutes. Enclosed for your information is a copy of the notice to the public.

Sincerely,

A handwritten signature in cursive script that reads "Kim R Martone".

Kimberly R. Martone  
Certificate of Need Supervisor

KRM:SL:dpd



M. JODI RELL  
GOVERNOR

# STATE OF CONNECTICUT

## OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL  
COMMISSIONER

June 21, 2006

Requisition # HCA07-008

FAX #: 241-3866

Hartford Courant  
285 Broad Street  
Hartford, CT 06115

Gentlemen/Ladies:

Please make an insertion of the attached copy, in a single column space, set solid under legal notices, in the issue of your newspaper by no later than Sunday, June 25, 2006.

Please fax evidence that the legal notice was published by the date requested above to (860) 418-7053. In addition, please send the original legal notice (full tear sheet is required) with the invoice.

If there are any questions regarding this legal notice, please contact Steve Lazarus at (860) 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

A handwritten signature in cursive script that reads "Kimberly R. Martone".

Kimberly R. Martone  
Certificate of Need Supervisor

Attachment

KRM:SL:dpd

c: Sandy Salus, OHCA

*An Equal Opportunity Employer*

410 Capitol Avenue, MS #13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308

Telephone: (860) 418-7001 • Toll free (800) 797-9688

Fax: (860) 418-7053

**PLEASE INSERT THE FOLLOWING:**

Statute Reference: 19a-639  
Applicant: Jefferson Radiology, P.C.  
Town: Avon  
Docket Number: 06-30762-LOI  
Proposal: Acquisition of an MRI unit and a CT scanner  
Total Capital Expenditure: \$465,000

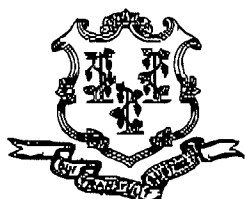
The Applicant may file its Certificate of Need application between August 6, 2006 and October 5, 2006. Interested persons are invited to submit written comments to Cristine A. Vogel, Commissioner Office of Health Care Access, 410 Capitol Avenue, MS13HCA P.O. Box 340308 Hartford, CT 06134-0308.

The Letter of Intent is available for inspection at OHCA. A copy of the Letter of Intent or a copy of Certificate of Need Application, when filed, may be obtained from OHCA at the standard charge. The Certificate of Need application will be made available for inspection at OHCA, when it is submitted by the Applicant.

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

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M. JODI RELL  
GOVERNOR

**STATE OF CONNECTICUT**  
OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL  
COMMISSIONER

June 21, 2006

Requisition # HCA07-008  
FAX #: 241-3866

Hartford Courant  
285 Broad Street  
Hartford, CT 06115

Gentlemen/Ladies:

Please make an insertion of the attached copy, in a single column space, set solid under legal notices, in the issue of your newspaper by no later than Sunday, June 25, 2006.

Please fax evidence that the legal notice was published by the date requested above to (860) 418-7053. In addition, please send the original legal notice (full tear sheet is required) with the invoice.

If there are any questions regarding this legal notice, please contact Steve Lazarus at (860) 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

A handwritten signature in cursive script, reading "Kimberly R. Martone".

Kimberly R. Martone  
Certificate of Need Supervisor

Attachment



**The Hartford Courant.**  
A TRIBUNE PUBLISHING COMPANY

## Affidavit of Publication

State of Connecticut

Monday, June 26, 2006

County of Hartford

I, Joy Shroyer, do solemnly swear that I am Financial Operations Assistant of the Hartford Courant, printed and published daily, in the state of Connecticut and that from my own personal knowledge and reference to the files of said publication the advertisement of Public Notice was inserted in the regular edition.

On dates as follows: 06/25/2006

### LEGAL NOTICE

Statute Reference: 19a-639

Applicant:

Jefferson Radiology, P.C.

Town: Avon

Docket Number: 06-30762-L01

Proposal: Acquisition of an MRS unit and a CT scanner

Total Capital Expenditure: \$465,000

The Applicant may file its Certificate of Need application between August 6, 2006 and October 5, 2006. Interested persons are invited to submit written comments to Cristine A. Vogel, Commissioner Office of Health Care Access, 410 Capitol Avenue, MS13HCA P.O. Box 340308 Hartford, CT 06134-0308.

The Letter of Intent is available for inspection at OHCA. A copy of the Letter of Intent or a copy of Certificate of Need Application, when filed, may be obtained from OHCA at the standard charge. The Certificate of Need application will be made available for inspection at OHCA, when it is submitted by the Applicant.

In the amount of \$206.68  
ST OF CT OFFICE OF HLTH.ACC  
700309  
Full Run

HCA07-008

Financial Operations Assistant  
Joy Shroyer

Subscribed and sworn to before me on June 26, 2006

Notary Public

LISA CARDINI  
NOTARY PUBLIC  
MY COMMISSION EXPIRES JUNE 30, 2011

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CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS



## Automobiles

**TOYOTA CAMRY '03** AT, AC, 4cyl., 32MPG, \$13,995. #90341. Call Town & Country, 800-632-2815, ext 210.

**TOYOTA CAMRY LE '01** V6, 180hp, snr, silver, one owner in mint condition & with low miles. #A261243

**\$13,990**

**LIBERTY HONDA**, 800-422-0497

**TOYOTA CAMRY '01** 4 cyl, 65k miles, A/C, full power, sunroof, very good condition. \$8,900 (860)678-0578

**TOYOTA CAMRY CE '98** V6, 5spd, AC, spotless, 28MPG. \$5,995. #M29403A. Call Town & Country, 800-632-2815, ext 210.

**TOYOTA CAMRY '95** 5 speed 4 cylinder, AC, 2 door all pwr. 178K. \$2,000 obo (860)869-6400

**TOYOTA CAMRY '92** \$750/bd 172K mi, 5 spd. Good Cond. CD. 860-205-2178 or 657-2576

**TOYOTA CAMRY '91** 4 dr, 5 spd, 4 cyl, runs great, high miles, \$700 OBO. 860-254-5538

**TOYOTA COROLLA LE '06** Several avail! AT, AC, CD, #98783 starts @: \$15,997. **CERTIFIED!** Gale Toyota, 800-649-8454.

**TOYOTA COROLLA CE '05** AT, AC, 38MPG, \$14,995, #90337. Call Town & Country, 800-632-2815, ext 210.

**TOYOTA COROLLA '02** LE 42K. All power, CD, spoiler, ABS. \$7,900 (860)716-4794

**TOYOTA COROLLA DX '97** 110,000 miles, power windows, a/c, new tires and brakes. \$3899. 860-295-9638

**TOYOTA COROLLA '96** Automatic, A/C, power windows, 130K, excellent cond. \$2850 (860)648-9581

**TOYOTA ECHO '03** 35K \$9450 4 dr, 5 speed, AC, excellent condition, stereo, new tires 860-571-4601

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**JUNE 25 - 10AM**  
**860-278-5411**

**TOYOTA HARTFORD SUPERSTORE**  
Large Selection of Preowned Vehicles!  
**PRUIS '06 HYBRID**  
Smart entry system, P.W., P.D.L, curtain shield air bags. **CERTIFIED!** Ready for delivery! #14684  
**860-278-5411**

**TOYOTA SOLARA CABRIOLET '06** 5K miles, automatic transmission, navigation system, red color. \$25,900 (860)716-9172

**TOYOTA Stephen Toyota Quality Used Imports! All Makes & Models**  
ROUTE 6, BRISTOL  
**800-479-0843**  
www.ctautotomail.com

**VW BEETLE CONVERTIBLE '03** Aquarius blue, turbo, automatic, fully equipped, 34K, under factory warranty. \$18,900/bd (860)674-5485

**VOLKSWAGEN GOLF '04** 29K \$14875 GLS, sr, htd seats, pwr, monsoon radio, cd, loaded, exc cond, 860-944-2366

**VW JETTA GLS '03** AT, snr, leather, low miles

## Automobiles

## vwcertified

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\*\*\*\*\*  
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\*\*\*\*\*  
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**CONNECTICUT**

**LEGAL NOTICE**

**Statute Reference: 19a-639**  
**Applicant:**  
**Jefferson Radiology, P.C.**  
**Town: Avon**  
**Docket Number: 06-30762-LOI**  
**Proposal: Acquisition of an**  
**MRS unit and a CT scanner**  
**Total Capital Expenditure:**  
**\$465,000**

The Applicant may file its  
Certificate of Need application  
between August 6, 2006 and  
October 5, 2006. Interested  
persons are invited to submit  
written comments to Cristine  
A. Vogel, Commissioner Office  
of Health Care Access, 410  
Capitol Avenue, MS13HCA P.O.  
Box 340308 Hartford, CT  
06134-0308.

The Letter of Intent is  
available for inspection at  
DHCA. A copy of the Letter of  
Intent or a copy of Certificate  
of Need Application, when  
filed, may be obtained from  
DHCA at the standard charge.  
The Certificate of Need appli-  
cation will be made available  
for inspection at DHCA, when it  
is submitted by the Applicant.

**Public Notices**

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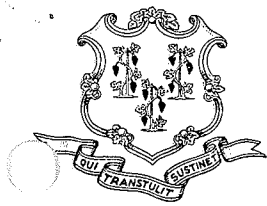
**Public Notices**

**CONNECTICUT**

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Capitol Avenue, MS13HCA P.O.  
Box 340308 Hartford, CT  
06134-0308.



M. JODI RELL  
GOVERNOR

# STATE OF CONNECTICUT

## OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL  
COMMISSIONER

June 23, 2006

Mark S. Grossman  
Chief Executive Officer  
Jefferson Radiology, P.C.  
40 Dale Road  
Avon, CT 06001

RE: Certificate of Need Application Forms, Docket Number 06-30762-CON  
Jefferson Radiology, P.C. and Marc B. d'Avignon M.D., P.C.  
Acquisition of an MRI Unit and a CT Scanner

Dear Mr. Grossman

Enclosed are the application forms for Westwood Imaging Center's Certificate of Need ("CON") proposal for the Acquisition of an MRI unit and a CT scanner with an associated capital expenditure of \$465,000. According to the parameters stated in Section 19a-639 of the Connecticut General Statutes the CON application may be filed between August 6, 2006, and October 5, 2006.

**When submitting your CON Application, please paginate and date each page contained in your submission. In addition, please submit one (1) original and five hard copies; as well as a scanned copy of the complete Application, including all attachments, on CD or Diskette. OHCA requests a copy of the submission be in MS Word format and the scanned copy be in Adobe format. Please submit the Financial Attachment and other data as appropriate in MS Excel format.**

The analyst assigned to the CON application is Steven Lazarus. Please feel free to contact him at (860) 418-7001, if you have any questions.

Sincerely,

Kimberly Martone  
Certificate of Need Supervisor

Enclosures

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# GENERAL AFFIDAVIT

Applicant: \_\_\_\_\_

Project Title: \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_  
(Name) (Position – CEO or CFO)

of \_\_\_\_\_ being duly sworn, depose and state that the (Facility Name) said facility complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Subscribed and sworn to before me on \_\_\_\_\_

---

Notary Public/Commissioner of Superior Court

My commission expires: \_\_\_\_\_

## GENERAL AFFIDAVIT

Applicant: \_\_\_\_\_

Project Title: \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_  
(Name) (Position – CEO or CFO)

of \_\_\_\_\_ being duly sworn, depose and state that the (Facility Name) said facility complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

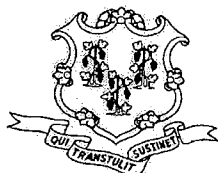
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me on \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Commissioner of Superior Court

My commission expires: \_\_\_\_\_



## State of Connecticut Office of Health Care Access Certificate of Need Application

Please complete all questions. If any question is not relevant to your project, Not Applicable may be an acceptable response. Your Certificate of Need application will be eligible for submission no earlier than August 6, 2006, and may be submitted no later than October 5, 2006. The Analyst assigned to your application is Steven W. Lazarus and may be reached at the Office of Health Care Access at (860) 418-7001.

**Docket Number:** 06-30762-CON

**Applicants Name:** Jefferson Radiology, P.C. and  
Marc B. d'Avignon, M.D., P.C.

**Contact Person:** Mark S. Grossman  
**Contact Title:** Chief Executive Officer  
Jefferson Radiology, P.C.

**Contact Address:** 40 Dale Road  
Avon, CT 06001

**Project Location:** Avon

**Project Name:** Acquisition of an MRI Unit and a CT Scanner

**Type proposal:** Section 19a-639, C.G.S.

**Est. Capital Expenditure:** \$465,000

**1. Expansion of Existing or New Service**

What services are currently offered at your facility that the proposed expansion or new service will augment or replace? Please list.

Augment: \_\_\_\_\_

Replace: \_\_\_\_\_

**2. State Health Plan**

No questions at this time.

**3. Applicant's Long Range Plan**

Is this application consistent with your long-range plan?

☐ Yes ☐ No

If "No" is checked, please provide an explanation.

**4. Clear Public Need**

- A. Explain how each Applicant determined there was a need for the proposal in your service area.
- i) Provide the following information:
    - a) Primary and secondary service area towns
    - b) If existing facility/service, the unit of service (i.e. procedure, scan, visit, etc.) for the past three fiscal years by service area town
    - c) The population to be served, including the number of individuals to receive the proposed service(s). Include demographic information, as appropriate.
    - d) Scheduling backlogs in service area
    - e) Travel distance from proposed site to service area towns
    - f) Hours of operation of existing/proposed service
  - ii) What will be the effect of your proposal on existing providers (i.e. patient volume, financial stability, quality of care, etc.)?
  - iii) Provide the units of service projected for the first three years of operation of the proposed service. **Include the derivation/calculation.**

- iv) Provide the information as outlined in the following table concerning the existing providers' (in the Applicant(s) PSA) current operations:

Description of Service <sup>1</sup>	Provider Name and Location	Hours and Days of Operation <sup>2</sup>	Current Utilization <sup>3</sup>

<sup>1</sup> If proposal concerns imaging equipment, provide a description of the equipment used by the Provider, if known. For MRI scanners, include Tesla strength, and whether or not the scanner is considered to be "open" or "closed".

<sup>2</sup> Specify days of the week and start and end time for each day.

<sup>3</sup> Number of scans performed on specified scanner by Provider for the most recent 12 month period, if known.

- B. Will your proposal remedy any of the following barriers to access?  
Please provide an explanation.

- ☐ Cultural
 ☐ Transportation  
☐ Geographic
 ☐ Economic  
☐ None of the above
 ☐ Other (Identify) \_\_\_\_\_

If you checked other than None of the above, please provide an explanation.

- C. Provide copies of any of the following plans, studies or reports related to your proposal:

- ☐ Epidemiological studies
 ☐ Needs assessments  
☐ Public information reports
 ☐ Market share analysis  
☐ Other (Identify) \_\_\_\_\_  
☐ None: *explain* why no reports, studies or market share analysis was undertaken related to the proposal:

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## 5. Quality Measures

- A. If the proposal is for a new technology or procedure, have all appropriate agencies approved the proposed procedure (e.g., FDA etc.)?

☐ Yes      ☐ No      ☐ Not Applicable

If "No", please provide an explanation.

- B. Check off all the Standard of Practice Guidelines that will be utilized by the Applicant for the proposed service. Please submit the most recent copy of each report related to the proposal:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> American College<br>of Cardiology                         | <input type="checkbox"/> National Committee<br>for Quality Assurance             | <input type="checkbox"/> Public Health Code<br>& Federal Corollary                                  |
| <input type="checkbox"/> National Association<br>of Child Bearing<br>Centers       | <input type="checkbox"/> American College<br>of Obstetricians &<br>Gynecologists | <input type="checkbox"/> American College<br>of Surgeons  |
| <input type="checkbox"/> Report of the Inter-<br>Council for<br>Radiation Oncology | <input type="checkbox"/> American College<br>of Radiology                        | <input type="checkbox"/> Substance Society<br>Abuse and Mental<br>Health Services<br>Administration |

☐ Other: Specify \_\_\_\_\_

- C. Describe in detail how the Applicants plans to meet the each of the guidelines checked off above.
- D. Submit a list of **all** key professional and administrative personnel, including the Applicant's Chief Executive Officer (CEO) and Chief Financial Officer (CFO), Medical Director, physicians, nurses, therapists, counselors, etc., related to the proposal and a copy of their Curriculum Vitae.

**Note:** For physicians, please provide a list of hospitals where the physicians have admitting privileges.



E. Provide a copy of the most recent inspection reports and/or certificate for your facility:

- |   |   |
|---|---|
| <input type="checkbox"/> DPH                  | <input type="checkbox"/> JCAHO  |
| <input type="checkbox"/> Fire Marshall Report | <input type="checkbox"/> Other States Health Dept.<br>Reports (new out-of-state<br>providers) |
| <input type="checkbox"/> AAAHC                | <input type="checkbox"/> AAAASF   |
| <input type="checkbox"/> Other: _____         |   |

**Note:** Above referenced acronyms are defined below. <sup>1</sup>

F. Provide copies of any Quarterly Action Reports, Consent Decrees or Statement of Charges against the Applicant, Physicians and any staff related to the proposal, for the past five (5) years.

G. Provide a copy of any plan of action which has been formulated to address the above action against the Applicant or Physicians or any staff related to the proposal.

H. Provide a copy of the following (as applicable):

- ☐ A copy of the related Quality Assurance plan
- ☐ Protocols for service (new service only)
- ☐ Patient Selection Criteria/Intake form

## 6. Improvements to Productivity and Containment of Costs

In the past year has your facility undertaken any of the following activities to improve productivity and contain costs?

- |  |  |
|--|--|
| <input type="checkbox"/> Energy conservation   | <input type="checkbox"/> Group purchasing  |
| <input type="checkbox"/> Reengineering   | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Application of technology (e.g., computer systems, robotics, telecommunication systems, etc.) |  |
| <input type="checkbox"/> Other (identify) _____  |  |

<sup>1</sup> DPH – Department of Public Health; JCAHO – Joint Commission on Accreditation of Hospitals Organization; AAAHC – Accreditation Association for Ambulatory Health Care, AAAASF – American Association for Accreditation of Ambulatory Surgery Facilities, Inc.

## 7. Miscellaneous

- A. Will this proposal result in new (or a change to) your teaching or research responsibilities?

☐ Yes ☐ No

If you checked "Yes," please provide an explanation.

- B. Are there any characteristics of your patient/physician mix that makes your proposal unique?

☐ Yes ☐ No

If you checked "Yes," please provide an explanation.

- C. Provide the following licensing information:

- i) If you are currently licensed, provide a copy of the State of Connecticut Department of Public Health license currently held.
- ii) The DPH licensure category you are seeking. If not applicable, please explain why.

## 8. Ownership of the Proposed Equipment

- A. Provide a copy of the written agreement or memorandum of understanding between the Applicants related to the proposal. (Specifically, address the ownership, billing issues since Dr. d'Avignon will now become an employee of Jefferson Radiology, P.C.)

**Note:** If a final version is not available, provide a draft with an estimated date by which the final agreement will be available.

## 9. Financial Information

- A. Type of ownership: (Please check off all that apply)

☐ Corporation (Inc.) ☐ Limited Liability Company (LLC)  
☐ Partnership ☐ Professional Corporation (PC)  
☐ Joint Venture ☐ Other (Specify): \_\_\_\_\_

B. Provide the following financial information:

- i) If the Applicants are not a hospital, please submit the Applicant's audited financial statements for the most recently completed fiscal year. If the Applicants have no audited financial statements, please submit a compilation report or an unaudited Balance Sheet and Statement of Operations for the most recently completed fiscal year. These statements should be externally prepared and submitted on the preparer's letterhead.
- ii) Identify the entity that will be billing for the proposed service.

**10. Major Cost Components/Total Capital Expenditure**

Submit a final version of all capital expenditures/costs as follows:

Medical Equipment (Purchase)	
Major Medical Equipment (Purchase)	
Non-Medical Equipment (Purchase)*	
Land/Building (Purchase)	
Construction/Renovation	
Other (Non-Construction) Specify: _____	
<b>Total Capital Expenditure</b>	
Medical Equipment (Lease (FMV))	
Major Medical Equipment (Lease (FMV))	
Non-Medical Equipment (Lease (FMV))*	
Fair Market Value of Space – (Capital Leases Only)	
<b>Total Capital Cost</b>	
Capitalized Financing Costs (Informational Purpose Only)	
<b>Total Capital Expenditure with Cap. Fin. Costs</b>	

\* Provide an itemized list of all non-medical equipment.

## 11. Capital Equipment Lease/ Purchase

If the CON involves any capital equipment lease and/or purchase, please answer all of the following that apply:

What is the anticipated residual value at the end of the lease or loan term?	\$ _____
What is the useful life of the equipment?	_____ Years
Please submit a copy of the vendor quote or invoice as an attachment.	
Please submit a schedule of depreciation for the purchased equipment as an attachment.	

For multiple items, please attach a separate sheet for each item in the above format.

## 12. Type of Financing

A. Check type of funding or financing source and identify the following anticipated requirements and terms: (Check all which apply)

☐ Applicants equity:

Source and amount (Specify which Applicant):

Operating Funds Source/Entity Name Available Funds	\$ _____
Contributions	\$ _____
Funded depreciation	\$ _____
Other	\$ _____

☐ Grant:

Amount of grant	_____
Funding institution/ entity	_____

☐ Conventional loan or  
☐ Connecticut Health and Educational Facilities Authority (CHEFA)  
financing:

Current CHEFA debt	_____
CON Proposed debt financing	_____
Interest rate	_____ %

Monthly payment	
Term	Years
Debt service reserve fund	

- ☐ Lease financing or  
☐ CHEFA Easy Lease Financing:

Current CHEFA Leases	
CON Proposed lease financing	
Fair market value of leased assets at lease inception	
Interest rate	%
Monthly payment	
Term	Years

- ☐ Other financing alternatives:

Amount	
Source (e.g., donated assets, etc.)	

- B. Please provide copies of the following, if applicable:
- Letter of interest from the lending institution,
  - Letter of interest from CHEFA,
  - Amortization schedule (if not level amortization payments),
  - Lease agreement.

### 13. Revenue, Expense and Volume Projections

#### A.1. Payer Mix Projection

Please provide both the current payer mix and the projected payer mix with the CON proposal for the Total Facility based on Net Patient Revenue in the following reporting format:

Total Facility Description	Current Payer Mix	Year 1 Projected Payer Mix	Year 2 Projected Payer Mix	Year 3 Projected Payer Mix
Medicare*	%	%	%	%
Medicaid* (includes other medical assistance)				
CHAMPUS and TriCare				
<b>Total Government Payers</b>				
Commercial Insurers*				
Uninsured				
Workers Compensation				
<b>Total Non-Government Payers</b>				
<b>Payer Mix</b>	100.0%	100.0%	100.0%	100.0%

\*Includes managed care activity.

A.2. Please describe the impact of the proposal on the interests of consumers of health care services and the payers of such services.

B. Do the Applicants have Tax Exempt Status? ☐ Yes ☐ No

C. Provide the following for the financial and statistical projections:

- i) A summary of revenue, expense and volume statistics, without the CON project, incremental to the CON project, and with the CON project. **See attached.** Please note that the actual results for the fiscal year reported in the first column must agree with the Applicant's audited financial statements.
- ii) The assumptions utilized in developing the projections (e.g., FTE's by position, volume statistics, other expenses, revenue and expense % increases, project commencement of operation date, etc.).

- iii) An explanation for any projected incremental losses from operations contained in the financial projections that result from the implementation and operation of the CON proposal.
- iv) Provide a copy of the rate schedule for the proposed service.
- v) Describe how this proposal is cost effective.

## Jefferson Radiology, P.C.

13. C (i). Please provide one year of actual results and three years of projections of Total Facility revenue, expense and if applicable, volume statistics without, incremental to and with the proposal in the following reporting format:

<u>Total Facility:</u> <u>Description</u>	FY Actual Results	FY		FY		FY		FY		FY		FY	
		Projected W/out Project	Projected Incremental	Projected W/out Project	Projected Incremental	Projected W/out Project	Projected Incremental	Projected W/out Project	Projected Incremental	Projected W/out Project	Projected Incremental	Projected W/out Project	Projected Incremental
Revenue from Operations													
Non-Operating Revenue													
Total Revenue:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Operating Expenses													
Income before provision for income taxes	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Provision for income taxes													
Net Income	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Retained earnings, beginning of year													
Retained earnings, end of year	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

\*Volume Statistics:

\*Provide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.



**Marc B. d'Avignon M.D., P.C.**

**13. C (i).** Please provide one year of actual results and three years of projections of Total Facility revenue, expense and if applicable, volume statistics without, incremental to and with the proposal in the following reporting format:

<u>Total Facility:</u> <u>Description</u>	FY Actual Results	FY Projected		FY Projected		FY Projected		FY Projected		FY Projected	
		W/out Project	Incremental	With Project	With Project	W/out Project	Incremental	With Project	With Project	W/out Project	Incremental
Revenue from Operations											
Non-Operating Revenue											
Total Revenue:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Operating Expenses											
Income before provision for income taxes	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Provision for income taxes											
Net Income	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Retained earnings, beginning of year											
Retained earnings, end of year	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

\*Volume Statistics:

\*Provide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.

Westwood Imaging Center  
40 Dale Rd  
Avon, CT 06001

FAX: 860-675-9886

**FAX**

To: STEVE LAZARUS From: MARC d'AVIGNON, MD

Fax: 860 418-7053 Pages: 3

Phone: 860 418-7001 Date: 06/27/06

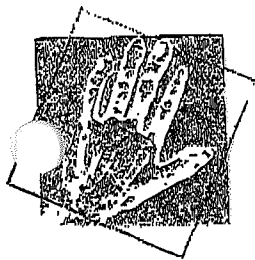
Re: OHCA 06-30676 cc: JEFFERSON RADIOLOGY  
06-30677

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply

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2006 JUN 27 PM 2:15

CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS



**WESTWOOD  
IMAGING  
CENTER**

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BOARD CERTIFICATION  
MARC B. d'AVIGNON, M.D.  
Diagnostic Radiology  
Nuclear Medicine

Office: (860) 677-1500  
Fax: (860) 678-0382

Business: (860) 677-5082  
Business Fax: (860) 677-2713

Steve W. Lazarus  
Associate Health Care Analyst  
Office of Health Care Access  
State of Connecticut  
410 Capitol Avenue  
MS#13HCA  
P.O. Box 34038  
Hartford, CT 06134-0308

June 27, 2006

**VIA FACSIMILE 860 418-7053**

It has come to my attention that the letter sent via facsimile as relates to 06-30676-CON & 06-30677-CON and 06-30762-DTR sent to your Office on Monday, June 26, 2006 had the date of January 26, 2006.

I apologize for this mistake and inconvenience and thank you for your time and attention to this matter.

A letter with the correct date is attached and will also be mailed under separate cover.

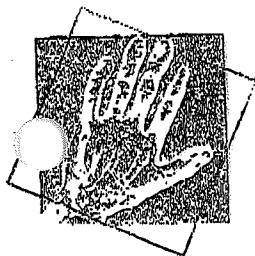
Should you have any questions please feel free to call Suzanne Berwick, Practice Manager or myself. Either of us can be reached at 860-677-5082.

Sincerely,

Marc B. d'Avignon, M.D., President  
Marc B. d'Avignon, M.D., P.C.

pc W. Glucksman, M.D.  
M. Grossman, CEO  
J. Conover, CFO  
S. Berwick, Practice Manager

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AMERICAN  
BOARD CERTIFICATION

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The Honorable Christine A. Vogel  
Commissioner of the Office of Health Care Access  
410 Capitol Avenue  
MS#13HCA  
P.O. Box 34038  
Hartford, CT 06134-0308

**VIA FACSIMILE 860-418-7053**

June 26, 2006

Dear Commissioner Vogel,

Marc B. d'Avignon, M.D., P.C. dba Westwood Imaging Center respectfully requests withdrawal of Acquisition through Replacement of an existing MRI at 23-B Arts Center Court, Avon, CT 06001 (Farmington Valley MRI, LLC) 06-30676-CON and Acquisition through Replacement of an existing CT Scanner 06-30677-CON at 40 Dale Rd, Avon, CT 06001.

As a result of Determination Report Number 06-30762-DTR I feel that two CON's for the same pieces of equipment, one for Acquisition through Replacement and one CON for Acquisition through purchase would be cumbersome and would not serve to reflect the intent of Jefferson Radiology, P.C. and Marc B. d'Avignon, M.D., P.C. as detailed in Determination Report Number 06-30762-DTR.

I commend you and your Office Staff for your help in clarifying the questions that I posed in conversation with Steve W. Lazarus last week and in particular your prompt response as indicated in your letter dated June 20, 2006.

We look forward to being able to submit Joint CON 06-30762-DTR with Marc B. d'Avignon, M.D., P.C. and Jefferson Radiology, P.C. during the assigned period of August 6, 2006 through October 5, 2006.

Sincerely,

Marc B. d'Avignon, M.D., President  
Marc B. d'Avignon, M.D., P.C.

pc W. Glucksman, M.D.  
M. Grossman, CEO  
J. Conover, CFO  
S. Lazarus, Associate Health Care Analyst, OHCA  
S. Berwick, Practice Manager

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